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FILE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER			Attorney's Docket No: A-665B	
Serial No. 09/843,221	Filing Date April 26, 2001	Examiner C.J. Nichols	Group Art Unit 1647	
In Re Application of KOSTENUIK et al.				
For MODULATORS OF RECEPTORS FOR PARATHYROID HORMONE AND PARATHYROID HORMONE-RELATED PROTEIN				
TO THE COMMISSIONER FOR PATENTS: <input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <div style="margin-left: 20px;"><input type="checkbox"/> One month of original due date (\$110.00) <input type="checkbox"/> Two months of original due date (\$420.00) <input checked="" type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <div style="margin-left: 20px;"><input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:</div></div>				

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CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$86	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$290	= 0.00
Total Additional Fee for this Amendment						\$0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☐ The following other fees are incurred by the accompanying papers.
☐ Other: _____

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 950.00.
A duplicate copy of this petition is attached.

☒ If an additional extension of time is required, please consider this a request therefore.
☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:
US Patent Operations/RBW
Dept. 4300, M/S 27-4-A
AMGEN INC.
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Date: November 5, 2003

EXPRESS MAIL CERTIFICATE

"Express Mail" mail labeling number: **EV 352489154 US** Date of Deposit: **November 05, 2003**

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sherry St. Andrew Printed Name Sherry St. Andrew Signature